

REGISTRATION FORM

**HIGHWAY SAFETY SUMMIT
SEPTEMBER 12, 2006
Doubletree Hotel Boise Riverside
2900 Chinden Blvd.
Boise, ID 83714**

AGENCY: _____

CONTACT: _____

ADDRESS: _____

PHONE: _____ FAX: _____ E-MAIL _____

PARTICIPANT'S NAME/TITLE	DATES OF LODGING DBL/SNG	PHONE	E-MAIL

* PLEASE INDICATE IF YOU NEED A DOUBLE ROOM. ITD WILL PAY COST OF SUMMIT PARTICIPANTS ONLY.
LODGING WILL BE PAID FOR THE FIRST 80 PARTICIPANTS TRAVELING AT LEAST 100 MILES TO THE
SUMMIT, 2 ROOM MAXIMUM PER AGENCY.

** INDICATE BELOW YOUR CHOICE OF LUNCH OR IF YOU HAVE ANY SPECIAL DIETARY NEEDS:

BEEF _____ CHICKEN _____ OTHER _____

SEND COMPLETED REGISTRATION FORM TO:

**ATTN: PATRICIA BOLOMET
OFFICE OF HIGHWAY OPERATIONS & SAFETY
IDAHO TRANSPORTATION DEPARTMENT
PO Box 7129
BOISE ID 83707-1129**

**E-MAIL: Patricia.Bolomet@itd.idaho.gov
PHONE: 208 334-8801
FAX: 208 334-4430**